



KINDERGARTEN FOLLOWUP
to the
Head Start Family and Child Experiences Survey
Kindergarten Teacher Survey
Spring 1999

PLEASE NOTE:

If you teach separate A.M. and P.M. classes, please answer the questions in this survey with respect to the class that the child/children listed on the attached forms attend.

If FACES children are in both of your classes, please fill out two Kindergarten Teacher Survey forms, one for each class. Please indicate below which of these classes you are reporting on here, and please write down the names of the FACES children in this class. Thank you.

This report is about my...(Circle one answer.)

- a. A.M. class
- b. P.M. class

The following FACES children are in this class:

| | |
|-------|-------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

DEFINITIONS
(appear in *italics* in questionnaire):

Transitional (or readiness) kindergarten – extra year of school for kindergarten-age eligible children who are judged not ready for kindergarten

Kindergarten - traditional year of school primarily for 5-year-olds prior to first grade

Transitional first grade - extra year of school for children who have attended kindergarten and have been judged not ready for first grade

Class - refers to the child's total school day, including time spent with any teacher, as well as time spent on meals, naps, recess, and between activities

Activity center - clearly delineated, organized, thematic work and play area where children interact with materials and other children without the teacher's constant presence or direction (such as a language arts area, a block area, a dramatic play area)

Limited English proficiency (LEP) – children whose native language is other than English and whose skills in listening, speaking, reading, or writing English are such that they have difficulty understanding school instruction in English.

QUESTIONS ABOUT YOUR CLASS

1. Do you teach.... (Circle one answer in each row):

| | Yes | No |
|-------------------------------------|-----|----|
| a. a full-day class? | 1 | 2 |
| b. a half-day morning class? | 1 | 2 |
| c. a half-day afternoon class?..... | 1 | 2 |

2. What type of class is this? (See definitions on page 2 and circle one.)

| | |
|--|---|
| Kindergarten class | 1 |
| Transitional (or readiness) kindergarten class | 2 |
| Transitional first grade class..... | 3 |
| Multigrade or ungraded class with at least some kindergarten-age children (specify) | 4 |

3. What is the highest grade taught at this school?

| | |
|---|----|
| Transitional kindergarten (pre-kindergarten)..... | 01 |
| Kindergarten | 02 |
| Pre-first grade (after kindergarten)..... | 03 |
| 1st grade | 04 |
| 2 nd grade | 05 |
| 3 rd grade | 06 |
| 4 th grade | 07 |
| 5 th grade | 08 |
| 6 th grade | 09 |
| 7 th grade | 10 |
| 8 th grade | 11 |
| 9 th grade | 12 |
| 10 th grade..... | 13 |
| 11 th grade..... | 14 |
| 12 th grade..... | 15 |

4. Approximately how many students are currently enrolled...

| | |
|---------------------------|-------|
| a. in this school? | _____ |
| b. in kindergarten? | _____ |
| c. in this class? | _____ |

5. How many children currently enrolled in this class are: *(Please enter a number on each line. If none, please enter 0)*
- a. American Indian or Alaskan Native _____
 - b. Asian or Pacific Islander _____
 - c. Black, non-Hispanic _____
 - d. Hispanic _____
 - e. White, non-Hispanic _____
6. How many children with *limited English proficiency (LEP)* are there in this class? *(See definition on page 2.)*
- Number of LEP children..... _____
7. How many children who are eligible for free or reduced-price lunch or breakfast are there in this class?
- Number of eligible children..... _____
8. How often does this class meet?
- a. Number of days each week _____
 - b. Total number of hours per week..... _____
9. How many paid assistants or co-/team- teachers do you have in this class in a typical week?
- Number of paid assistants or co-teachers: _____
10. On average, how many hours per week is there at least one paid assistant or co-/team-teacher with you in this class?
- Number of hours per week..... _____
11. How many adult volunteer assistants do you have in this class in a typical week?
- Number of adult volunteers: _____
12. On average, how many hours per week all together do adult volunteer assistants spend in this class?
- Total number of hours per week: _____
13. Does each child have his or her own desk?
- Yes 1
 - No..... 2

14. Do you have *activity centers* in this classroom? (See definitions on page 2.)

Yes 1
 No..... 2

15. How often do children in your class engage in each of the following activities in a typical week?

| | Never | 1-2 days a week | 3-4 days a week | 5 days a week |
|--|-------|--------------------|--------------------|------------------|
| a. Running, climbing, jumping, and other gross motor activities | 1 | 2 | 3 | 4 |
| b. Free play..... | 1 | 2 | 3 | 4 |
| c. Choosing from a set of specified options (like building blocks, manipulatives, or books)..... | 1 | 2 | 3 | 4 |
| d. Doing math or science | 1 | 2 | 3 | 4 |
| e. Learning to sound out words (phonics)..... | 1 | 2 | 3 | 4 |
| f. Listening to stories read aloud | 1 | 2 | 3 | 4 |
| g. Dramatic play, arts and crafts, music (creative activities) | 1 | 2 | 3 | 4 |

16. On average, how much time each day does your class spend in formal group instruction by the teacher in reading, numbers, or the alphabet?

Number of minutes: _____

17. On average, how much time each day does your class spend in individual or small group activities planned by the teacher and selected by the children?

Number of minutes: _____

B. QUESTIONS ABOUT YOU (KINDERGARTEN TEACHER)

18. What is your gender?

| | |
|--------------|---|
| Male | 1 |
| Female | 2 |

19. In what year were you born? 19_____

20. Are you of Hispanic or Latino origin? *(Circle one number.)*

| | |
|-----------|---|
| Yes | 1 |
| No..... | 2 |

21. Which best describes your race? *(Circle one or more.)*

| | |
|--|---|
| American Indian or Alaskan Native | 1 |
| Asian..... | 2 |
| Black or African American..... | 3 |
| Native Hawaiian or Other Pacific Islander... | 4 |
| White..... | 5 |

22. Counting this school year, how many years have you taught each of the following grades and programs? *(Write the number of years to the nearest half year, for example 2.5, 3.5. Please include part-time teaching. Write "0" if you have never taught the grade or program listed.)*

| | Total years grade/ program taught |
|--|--|
| a. Preschool or Head Start | _____ |
| b. Kindergarten (including Transitional/Readiness Kindergarten and Transitional/pre-1st grade) | _____ |
| c. First grade..... | _____ |
| d. Second through fifth grade | _____ |
| e. Sixth grade or higher | _____ |
| f. English as a Second Language (ESL) program | _____ |
| g. Bilingual education program | _____ |
| h. Special education program | _____ |
| i. Physical education program..... | _____ |
| j. Art or music program..... | _____ |

23. Counting this school year, how many years have you taught in your current school including part-time teaching? *(Write the number of years to the nearest half year, for example, 2.5, 3.5.)*

Number of years: _____

24. What is the highest level of education you have completed? *(Circle only one number.)*

- High school diploma or GED 1
Associate's degree..... 2
Bachelor's 3
At least one year of course work beyond a Bachelor's but not a graduate degree 4
Master's 5
Education specialist or professional diploma based on at least one year of course
work past a Master's degree level..... 6
Doctorate..... 7
Other *(please specify)* 8

25. How many college courses have you completed in the following areas? *(Circle one number on each line.)*

- a. Early child hood education..... 0 1 2 3 4 5 6+
b. Elementary education..... 0 1 2 3 4 5 6+
c. Special education..... 0 1 2 3 4 5 6+
d. English as a Second Language (ESL) .. 0 1 2 3 4 5 6+
e. Child development..... 0 1 2 3 4 5 6+
f. Methods of teaching reading..... 0 1 2 3 4 5 6+
g. Methods of teaching mathematics..... 0 1 2 3 4 5 6+
h. Methods of teaching science 0 1 2 3 4 5 6+

26. What type of teaching certificate do you have? *(Circle only one number.)*

- a. None 1
b. Temporary, probational, provisional, or emergency certification..... 2
c. Certificate for completion of an alternative certification program..... 3
d. Regular certification but less than the highest available 4
e. The highest certification available 5

27. In what areas are you certified? *(Circle all that apply.)*

- a. Elementary education..... 1
b. Early childhood..... 2
c. Other *(please specify)*: 3

28. Date questionnaire completed:

____/____/____
MM DD YY